

**Committee for the Protection of Human Subjects (CPHS)**  
**RESEARCH SUBJECT REPORT OF ADVERSE EVENT**

Serious, unexpected or unusual incidents of injury that are associated with the research experienced by subjects participating in CPHS approved research studies must be reported to the CPHS Administrator, 1600 9<sup>th</sup> Street, Room 432, Sacramento, CA 95814, [cphs@oshpd.ca.gov](mailto:cphs@oshpd.ca.gov) or FAX 916-651-6222. This form and a copy of the signed consent form must be submitted electronically or in writing as soon as possible but within 48 hours of the event.

**Principal Investigator:**

**Project #:**

**Subject's Initials:**

**Age:**

**Date of Incident:**

**Research Procedure involved:**

**Describe in detail the nature and timing of events:**

**Likelihood Injury Caused by the Study:**

Unlikely\_\_\_\_ Possible\_\_\_\_  
Probable\_\_\_\_ Definitely Unrelated\_\_\_\_

**Injury Appears to be:**

Directly Related\_\_\_\_ Indirectly Related\_\_\_\_  
Not Related to Research Treatment\_\_\_\_

**Check All That Apply:**

Subject Died\_\_\_\_ Resulted in, or Prolonged Hospitalization\_\_\_\_ Resulted in Disability\_\_\_\_  
Required Supportive Treatment\_\_\_\_ Subject Remains in the Study\_\_\_\_

**Describe Treatment of the Injury:**